U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1. File Number U - 8880	2. Fiscal Year Covered From:		
i for the sisteman meet	1 / 1 / 2004 Through: 12 / 31 / 2004		
Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Wade G Hamel -	Name IUOE LOCAL 37		
Appellusioners respectively a constitution of the constitution of	Labor Organization File Number 037		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5901 HARFORD RD.	Street 5901 HARFORD RD.		
City Baltimore	City Baltimore		
State Maryland ZIP Code +4 21214	State Maryland ZIP Code + 4 21214		
5. Position in labor organization. President/Training Director			
Enter appropriate data below If, during the past fiscal year, you or your spo	ouse or minor child directly or indirectly had any of the following interests		
(except as specified in the exch	usions out in the week and a second of the s		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
part of the Conference of the	7.b. Amount.		
Street	An included in contrast of the Annicologies above an included in the Annicologies and the Annicologies and A		
City			
State ZIP Code + 4	Personance 2		
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed WAR L HAMM	On 8-15-65 410-256-2944 Date Telephone Number		
	Page 1 of 7		

Name of Person Filing, Wards, Hamel	File Number U-
Name of Person Filing Wade Hamel	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Operating Engineers Joint Apprenticeship &	a. Labor Organization
Trade Name, if any: Training Fund of IUOE Local 37	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 5901 HARFORD RD.	
City Baltimore	
State Maryland ZIP Code + 4 21214	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
	Operates training school for apprentices and Local
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$0
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	01/2004 Salary - \$71,471 01/2004 Benefits - 35,312 01/2004 Meals - 668
	12.b. Amount. \$107,451
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	To a contract of the contract
City	Tabliful and the second
State ZIP Code + 4	Annual restricted from the contraction of the contr
13 h is the Business an Employer or Consultant ?	14.b. Amount of payment.

	File Number U-
Name of Person Filing Wade Hamel	The Number 9

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Operating Engineers Pension Fund	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 5901 Harford Road - Suite C	C. Employer	_
City Baltimore		
State Maryland ZIP Code + 4 21214	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	OE Local 37 leases office space from OE	PF @
Name	\$2100.12 per month	
Trade Name, if any:		no constitue de la constitue d
O. D. Dill. Deep No. Foru	이 그래 본 경기	
P.O. Box, Bldg., Room No., if any		
Street		
City		, november and the second and the se
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$25,201
	12.a. Nature of interest held or income received.	
	Conference registration fee for Investm Performance Services conference April 2 directly to IPS, 12 Penns Trail, Suite Newtown, PA 18940	004 - paid
		es connecteurs established
	- Andrewson	Andrewood of the Control
	The second secon	com a conservações anticidades de la conservação de la conservação de la conservação de la conservação de la c
	12.b. Amount.	\$695

	File Number U-
Name of Person Filing Wade Hamel	File Number 6-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Operating Engineers Pension Fund	a. Labor Organization	
Trade Name, if any:	b, Trust	
P.O. Box, Bldg., Room No., if any	Account.	
Street 5901 Harford Road - Suite C	c. Employer	
City Baltimore		-
State Maryland ZIP Code + 4 21214	N. L. Standards de l'acc	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	000000 to 100 pt 10000 10000 to
Name	OE Local 37 leases office space fro \$2100.12 per month	om OEPF @
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	See the second s	
Street	· ·	TO THE PARTY OF TH
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$25,201
**AND AND AND TO THE WAY AND AND THE STATE OF THE STATE O	12.a. Nature of interest held or income received.	ngan daga ka
	Investment Performance conference	- April 2004
	Airfare - \$344 Paid directly to American Express	
	Laid dilectly to which town hybress	very seems of

	Total Control	-
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	Europsy chronic cyclopes (separate control and account of an account of a separate for facility of character (per residue for the separate for character account of a separate for the separate f	
	12.b. Amount.	\$344

	File Number U-
Name of Person Filing Wade Hamel	File Nulliper 0-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Chartwell Investment Partners	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 1235 Westlake Drive - Suite 400	o. Litiployof	_
City Berwyn		
State Pennsylvania ZIP Code + 4 21214		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	- A
Name Operating Engineers Pension Fund	Manages investments for Pension Fur	I
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		egoph.; per - voorenserver
Street 5901 Harford Road - Suite C		
City Baltimore		
State Maryland ZIP Code + 4 21214	11.b. Approximate dollar value of such dealing.	\$42,010
	12.a. Nature of interest held or income received.	magasan alaman karan
	Business meeting (dinner) January	7, 2004
	- Processing and the second se	

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	The state of the s	engagene en seuro a promo a su seneral contrata contrata con en entre contrata de la contrata del contrata del contrata de la contrata del la contrata de la contrata del la contrata de la contrata de la contrata del la contrata de la contrata del la contrata del la contrata d
	12.b. Amount.	\$50

	File Number II
Name of Person Filing Wade Hamel	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Operating Engineers Pension Fund	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	Example	
Street 5901 Harford Road - Suite C	c. Employer	
City Baltimore		
State Maryland ZIP Code + 4 21214		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
Name Name The second contract of the contrac	OE Local 37 leases office space fro \$2100.12 per month	m OEPF @
Trade Name, if any:		ghodyantaman
P.O. Box, Bldg., Room No., if any		A
Street		
City		
State St	11.b. Approximate dollar value of such dealing.	\$25,201
	12.a. Nature of interest held or income received.	oontelementrooner et er entergense en
	Indirect reimbursement of expenses Alliance Conference - October 2004:	for American
	Hotel - \$1325 Car rental - 299 Meals - 556	Construction of the Constr
		and an analysis of the state of
		· asjans v v v asjans v v asjans v v v asjans
		entanomente e como e la proper interestrata de la proper interestrata de la proper de la proper de la proper d
	12.b. Amount.	\$2,180

	Tile Number II
Name of Person Filing Wade Hamel	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Operating Engineers Pension Fund	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	Bancarage 9	
Street 5901 Harford Road - Suite C	c. Employer	
City Baltimore		-
State Maryland ZIP Code + 4 21214		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Aurani er et et en
Name	OE Local 37 leases office space from \$2100.12 per month	OEPF @
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		e appropriation and the second
Street		Q objection of
City		
State State State	11.b. Approximate dollar value of such dealing.	\$25,201
	12.a. Nature of interest held or income received.	ogogyan og stran troppet filmligt frankliker ut til ett fra 1517 och der er
	Conference registration fee for America Conference. Paid directly to America Conference, 258 Saw Mill River Road, York 10523.	an Alliance
		tory antiment of the state and
	Explaination for the first including the constraint of the constra	\$1,350
	12.b. Amount.	ρ Ι, υου